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HEZEKIAH BEARDSLEY CONNECTICUT CHAPTER

104 HUNGERFORD STREET • HARTFORD, CT 06106 • TEL. (860) 525-9738 • FAX (860) 727-9863

Good afternoon, Chairman Harp and Walker, Ranking Members Miner and Kane, members of the Public Health Committee.

I am Dr. Kathleen Marinelli, a pediatrician and on the Board of Directors of the CT Chapter of the American Academy of Pediatrics. I am speaking in favor of two bills today.

SB 183 AN ACT CREATING A SEPARATE NONLAPSING VACCINE AND ANTIBIOTIC PURCHASE ACCOUNT WITHIN THE GENERAL FUND and

H.B. No. 6518 (RAISED) AN ACT ESTABLISHING AN ADMINISTRATIVE SERVICES ORGANIZATION FOR THE MEDICAID PROGRAM.

I would like to start by thanking the Appropriations Committee for introducing and considering this bill that we are in support of. The state of Connecticut has been a leader in the country in our vaccination rates. We top the nation as far as having the highest percentage of teens vaccinated, and are sixth in the country for younger children. Attached to my testimony is a press release from DPH regarding CT's high rates of vaccination.

There are currently, by necessity, two parts of the immunization program at DPH. The Vaccines for Children Program (VFC) that is totally federally funded, covers low income and uninsured children for 15 categories of vaccine.

The state vaccine program, is funded by the "Vaccine Fund" created under 19a-7j currently is in the DPH budget for \$9.04 million. That funding comes from assessments on the health and life insurance companies operating in the state. There are no state funds supporting vaccine purchase. Currently DPH and the Vaccine Purchasing Advisory Committee (VPAC) choose which vaccines the \$9.04M will cover, since it is insufficient funding to cover all 15 recommended categories of vaccine. For the vaccines it covers, the state is able to take advantage of the bulk-purchasing price that the federal government has negotiated for the Vaccine for Children program and allows the insurers to pay a significantly better price for the vaccine.

We support this bill that makes this fund a separate non-lapsing account so that it will be able to cover all of the approved and recommended vaccines.

Here is the reality of vaccines. In 1985, children age 0-18 received 7 CDC approved and recommended vaccines costing approximately \$45. In 2008, children received 15 approved and recommended vaccines costing \$1,758. The price is even higher now. The vaccine system in CT can no longer keep up with the number of vaccines or the

cost of them. The budget cap forces a choice: DPH decides which vaccines the fund will buy and allow physicians access to, and which they will not have access to. These vaccines that are approved and recommended but not purchased by the vaccine fund need to separately be purchased by the physician, billed to the insurance company, and the physician hopes they are paid for. It sets up a dual system within the provider's office, which causes confusion in accounting, billing, storage, trouble if there are shortages in vaccines, and considerable financial stress to the practice when reimbursement for vaccines is less than the vaccines costs.

Again, insurers responsible for the payment of healthcare of its clientele pay this amount into the vaccine fund, so this is NOT a cost to the state. It is a pass through and therefore is budget neutral. This bill will give DPH the flexibility it needs to manage a top quality immunization program and get the best vaccine purchase price.

H.B. No. 6518 (RAISED) AN ACT ESTABLISHING AN ADMINISTRATIVE SERVICES ORGANIZATION FOR THE MEDICAID PROGRAM.

On HB 6518, The CT AAP (CT Chapter American Academy of Pediatrics) members are supportive of studying the best way to convert from the present managed care system to a self insured system administed by an ASO We strongly feel that establishing a single ASO would be in the best interest of CT taxpayers, patients, and practices.

Although it may be argued that more than one ASO would lead to greater competition and therefore lower costs – the period of competition is during the bidding phase and periodic evaluation and renewal of contracts. Any entity should be able to bid to be the single ASO for Medicaid.

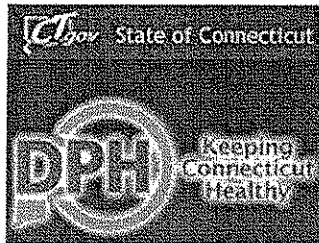
With one ASO there would be cost savings to the Medicaid program. It would mean leaner administrative overhead with one single group of employees rather than identical duplicates.

The state should dictate earnings limits, much as has been done successfully with Connecticut's behavioral health partnership. Having one ASO would facilitate meaningful state level data monitoring. Instead of comparing apples and oranges, as we now often do, examining trends in quality measures will be much easier and more useful to the state and to practitioners.

With one ASO the system will become much more efficient. Medical offices having to deal with a single organization will be spared the duplicative paperwork, confusing referral systems, differing requirements for credentialing, medical necessity, and prior authorization that they are now

subject to. This reduction of inefficiencies will allow those offices to see more patients and provide better care.

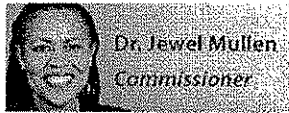
The CT AAP is very pleased to be asked to make comment on this, as it affects our lives and our patient's lives every day. We commit to working with the creators of this new ASO, and we will place our energy into making the healthcare of the patients a priority again.



Governor Dannel P. Malloy | Sr. DPH

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Commissioner

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Connecticut's Teen Vaccination Rate Increase Tops in Nation

FOR IMMEDIATE RELEASE

March 28, 2011 March 23, 2011

Connecticut Department of Public Health

Contact: William Gerrish

(860) 509-7270

Overall state teen vaccination rate third highest

Hartford – Officials from the Centers for Disease Control and Prevention (CDC) National Center for Immunization and Respiratory Diseases recognized Connecticut for achieving the greatest increase in teen vaccination coverage rate in the nation at a ceremony today at the National Immunization Conference in Washington, D.C.

Connecticut's teen vaccination rate rose 16% from 2008 to 2009 for three vaccines that have been recommended for adolescents to protect children from serious diseases such as meningitis, cervical cancer, and pertussis (Whooping Cough). Connecticut was also among the top states in the country for overall teen vaccination coverage with an average coverage rate of 73 percent. Connecticut's immunization coverage rate was third only to Massachusetts and Rhode Island, and well above the national average of 58 percent.

Connecticut is recognized as a national leader in childhood immunization, and officials said the state's success is due in large part to the efforts of many professional, community-based, and private organizations that have worked diligently with the Department of Public Health to raise awareness of how vaccines help prevent diseases and save lives. These organizations include the Connecticut chapter of the American Academy of Pediatrics, the Connecticut Association of Directors of Health, the state Department of Social Services, and the Connecticut Commission on Children.

"We are very proud of the work that healthcare providers and organizations around the state have done to educate parents and raise awareness about the importance of childhood immunization," stated Department of Public Health Commissioner Dr. Jewel Mullen. "Childhood immunizations are an important way to protect our children from preventable diseases and keep them healthy."

The Connecticut Department of Public Health is the state's leader in public health policy and advocacy with a mission to protect and promote the health and safety of the people of our state. To contact the department, please visit its website at www.ct.gov/dph or call (860) 509-7270.

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410 Capitol Avenue Hartford, CT 06134 Tel: 860-509-8000